

# ***Verification of Criteria for Clinical Supervisors***

## ***Form CS #HFS 75.02 (11) Explanation and Instructions***

NOTE: If you are a clinical supervisor of substance abuse counselors in your agency, and are seeking approval of that status in meeting your agency's HFS 75 Certification Requirements, please fill in the requested information on this form, sign and retain in your agency's personnel file.

HFS 75.02 (11) requires clinical supervisors to be knowledgeable in psychopharmacology and addiction treatment. These required knowledge criteria are the Trans-disciplinary Foundations (T.F.) endorsed by the National Steering Committee on Addiction Counseling Standards and are listed in the last section of Form CS #HFS 75.02 (11) titled, 'Knowledge Guidelines for Psychopharmacology and Addiction Treatment.'

To meet the clinical supervisor criteria for HFS 75, licensed physicians, licensed psychologists and certified independent clinical social workers with specialized certification in AODA from their respective professions need only to place that documentation, along with their license or certification in their agency's personnel files. Each profession's specialized AODA certification is identified in the checklist below.

For physicians, psychologists, certified independent clinical social workers not holding a specialized AODA certification from their profession and supervisors applying to the Wisconsin Certification Board, Inc. for grandpersoning, BSAS has determined that individuals must document 45 hours of training, of which 15 hours must be in the last three years. The above-specified number of training/class hours apply each to psychopharmacology and to addiction treatment. Either training or experience as outlined below may support documentation of training sufficient to continue working as a clinical supervisor: **Note:** It is important that you identify and incorporate all T.F. knowledge criteria deficiencies for which you will receive future training into your staff development plan. These T.F. criteria are the minimum knowledge requirements necessary for meeting the clinical supervision requirements of substance abuse counselors under your supervision to be in compliance with the requirements of their own counselor certification plan on file with the Wisconsin Certification Board, Inc.

- Acceptable documentation of training may include certificates of training completion in psychopharmacology and addiction treatment, transcripts and other in-service training verified by the agency's executive director.
- A Wisconsin UPC six-hour training certificate may be used for knowledge of addiction treatment.
- Individuals who have completed and received verification of training in clinical supervision may apply those hours toward the addiction treatment knowledge requirement. An example would be the 30 hours provided through the Wisconsin clinical supervisor-training project.
- Individuals with employment experience dealing with psychopharmacology issues may use their experience, as verified by their agency's medical director, for up to 30 of the 45 hours of training in psychopharmacology.
  1. One year of experience would equal 10 hours of training, and three years would equal the 30 hours.
  2. Verified experience may be used for up to 30 of the 45 hours, exclusive of the 15-hour requirement within the last three years. **Note:** Please incorporate all T.F. knowledge criteria deficiencies for which you will receive future training into your staff development plan.
- Individuals with ongoing experience providing counseling to AODA clients, and verified by their agency's executive director, may use that experience for up to 30 of the 45 hours of training in addiction treatment.
  1. One year of experience would equal 10 hours of training, and three years would equal 30 hours.
  2. Verified experience may be used for up to 30 of the 45 hours, exclusive of the 15-hour requirement within the last three years. **Note:** Please incorporate all T.F. knowledge criteria deficiencies for which you will receive future training into your staff development plan.

**Note: Certified Clinical Supervisor-Grand-person Applicants (CCS-G).** Individuals who have at least two years of experience as a clinical supervisor of substance abuse counselors and can verify experience equaling 30 of the 45 training/class hours, and have acquired 15 of the 45 hours in the past three years in psychopharmacology and the same number of hours in addiction treatment will be certified as a clinical supervisor-grand-person (CCS-G) by the Wisconsin Certification Board (WCB). In accordance with HFS 75.02 (11), the WCB has been directed to review each applicant's education and training resume and determine if further training is needed in the required knowledge criteria listed in Form CS #HFS 75.02 (11) developed by the Bureau of Substance Abuse Services. Knowledge criteria that can not be verified will be identified by the WCB and communicated back to the applicant and the agency director to be incorporated into the applicant's staff development plan.

## Verification of Criteria for Clinical Supervisors *continued*

### Form CS #HFS 75.02 (11)-Continued

YOUR NAME _____
AGENCY NAME _____
AGENCY ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
PHONE # _____ FAX # _____ E-MAIL _____

**Please indicate in this next section any category that applies to you by checking "Yes."**

**Note: Documentation of all credentials is required for categories checked.**

Yes <input type="checkbox"/>	No <input type="checkbox"/>	I am a Licensed Physician, Certified as an Addiction Specialist by the American Society of Addiction Medicine (ASAM). License #_____. Certification #_____.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	I am a Licensed Physician, Certified in Addiction Psychiatry by the American Board of Psychiatry and Neurology. License #_____. Certification #_____.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	I am a Licensed Physician and have documentation that I am knowledgeable in addiction treatment. License #_____.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	I am a Licensed Psychologist License #_____ and hold a Certificate in Addiction from American Psychological Association (APA). Certification #_____.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	I am a Licensed Psychologist knowledgeable in psychopharmacology and addiction Treatment. License #_____. However, I am not APA Certified in Addiction.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	I am a Certified Independent Clinical Social Worker with NASW ATOD Certification. Certification #_____. NASW/AOTD Certification #_____.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	I am a Certified Independent Clinical Social Worker knowledgeable in psychopharmacology and addiction treatment. Certification #_____.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	I am a Wisconsin Certification Board Certified Clinical Supervisor. Certification #_____.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	I am a Registered Clinical Supervisor (RCS) with a RCS Plan on file with the Wisconsin Certification Board. Registration #_____.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	I have been certified by the Wisconsin Certification Board under the grand-person provision in HFS 75.02(11)(f). Certification #_____.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	I have applied to the Wisconsin Certification Board under the grand-person provisions in HFS 75.02(11)(f).

By my signature below, I attest that the information provided and the areas checked above are true. As the individual named on this form, I have documentation of all areas designated by a "Yes" response above. As Agency Director/Board Chairman, I have in our agency's personnel files, a copy of this signed and completed form and all required documentation relevant to the above stated credentials and where indicated, required training in his/her staff development plan.

1. Individual named above \_\_\_\_\_ Date \_\_\_\_\_

2. Agency Director/Board Chairman \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** The required knowledge criteria are stated in the attached for use in identifying areas of knowledge needing to be acquired and addressed in the individual's staff development plan. Please read the attached clinical supervision knowledge criteria checklist. If upon review of the "Knowledge Guidelines for Psychopharmacology and Addiction Treatment," you identify T.F. knowledge criteria not included in your current education and training, please incorporate the specific T.F. knowledge criteria for which you will receive future training into your staff development plan and place it in your agency's personnel file.